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| **LISTA DE PONENTES** | | | | | | | | | | |
| **UNIDAD ACADÉMICA:** | | | | | | | |  | |  |
| **NOMBRE DEL ACTO ACADÉMICO:** | | | | | | | |  | |  |
| **NOMBRE DE LOS PONENTES** | | **HOMBRE** | **MUJER** | **HABLA ALGUNA  LENGUA (INDÍGENA ó EXTRANJERA)** | **CUAL** | **PERSONA CON CAPACIDAD DIFERENTE** | **TIPO O DISGNÓSTICO** | | **FIRMA DEL PONENTE GARANTIZANDO QUE SU INFORMACIÓN ES VERÍDICA** | |
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